

UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT TACOMA

STEVEN DARBY MCDONALD,  
Plaintiff,

v.

KENNETH B LAUREN, et al.,  
Defendants.

CASE NO. 3:17-CV-05013-RBL-DWC

REPORT AND RECOMMENDATION

Noting Date: March 15, 2019

The District Court has referred this action, filed pursuant to 42 U.S.C. § 1983, to United States Magistrate Judge David W. Christel. Currently pending before the Court is Plaintiff Steven Darby McDonald's "Request for Preliminary Injunction to Compel Diagnostic Testing (ERCP) and Resumption of Pain Management." Dkt. 99. After considering the record, the Court recommends Plaintiff's Motion (Dkt. 99) be denied.<sup>1</sup>

**I. Background**

In the Complaint, Plaintiff alleges Defendants, employees of the Department of Corrections ("DOC"), have acted with deliberate indifference to Plaintiff's serious medical needs

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<sup>1</sup> Plaintiff's Motion also contains requests for the appointment of a medical expert and the appointment of counsel, which have been addressed in separately filed Orders.

1 in violation of his Eighth Amendment constitutional rights. Dkt. 4. Plaintiff also contends  
2 Defendants have denied him medical care in retaliation for placing information related to DOC  
3 employees on a website. *Id.* In his Motion, Plaintiff requests the Court order Defendants to  
4 provide Plaintiff with diagnostic testing of his fluctuating biliary architecture and resume  
5 Plaintiff's pain management. Dkt. 99.

6 On July 5, 2018, after lifting a stay in this case, the undersigned recommended the  
7 Motion be denied as moot and, on July 23, 2018, the Honorable Ronald B. Leighton adopted the  
8 Report and Recommendation. Dkt. 156, 160. Plaintiff appealed Judge Leighton's Order. Dkt.  
9 161. On December 21, 2018, the Ninth Circuit Court of Appeals remanded Plaintiff's Motion for  
10 further proceedings, stating the Court "should consider in the first instance the merits of  
11 [Plaintiff's] motion for a preliminary injunction." Dkt. 200, p. 2. On January 24, 2019, Judge  
12 Leighton re-referred Plaintiff's Motion to the undersigned. Dkt. 212.

13 On remand, the Ninth Circuit stated the district court "can consider supplemental filings  
14 from [Plaintiff] regarding his requests for injunctive relief. Dkt. 200, p. 2. The Court has  
15 reviewed the relevant record and has determined supplemental briefing is not necessary.  
16 Accordingly, Plaintiff's request to file supplemental briefing in support of the Motion (Dkt. 214)  
17 is denied.

## 18 **II. Discussion**

19 Under the Prison Litigation Reform Act ("PLRA"),

20 The court shall not grant or approve any prospective relief unless the court finds  
21 that such relief is narrowly drawn, extends no further than necessary to correct the  
22 violation of a Federal right, and is the least intrusive means necessary to correct  
23 the violation of the Federal right. The court shall give substantial weight to any  
24 adverse impact on public safety or the operation of a criminal justice system  
caused by the relief.

18 U.S.C. § 3626(a)(1)(A).

1 The purpose of preliminary injunctive relief is to preserve the status quo or prevent  
2 irreparable injury pending the resolution of the underlying claim. *Sierra On-line, Inc. v. Phoenix*  
3 *Software, Inc.*, 739 F.2d 1415, 1422 (9th Cir. 1984). “A plaintiff seeking a preliminary injunction  
4 must establish” (1) “he is likely to succeed on the merits,” (2) “he is likely to suffer irreparable  
5 harm in the absence of preliminary relief,” (3) “the balance of equities tips in his favor,” and (4)  
6 “an injunction is in the public interest.” *Winter v. Natural Res. Def. Council, Inc.*, 555 U.S. 7, 20,  
7 (2008). The Ninth Circuit also allows for the “serious questions” variation of the test, where “a  
8 preliminary injunction is proper if there are serious questions going to the merits; there is a  
9 likelihood of irreparable injury to the plaintiff; the balance of hardships tips sharply in favor of  
10 the plaintiff; and the injunction is in the public interest.” *Lopez v. Brewer*, 680 F.3d 1068, 1072  
11 (9th Cir. 2012).

12 First, Plaintiff has not shown a likelihood of success on the merits. Plaintiff contends  
13 Defendants have acted with deliberate indifference to his serious medical needs and requests the  
14 Court order Defendants to (1) provide diagnostic testing in the form of an endoscopic retrograde  
15 cholangio-pancreatography (“ERCP”) and (2) resume pain management treatment. Dkt. 99.

16 In order to establish a violation of the Eighth Amendment, a prisoner must show prison  
17 officials were deliberately indifferent to health or safety by subjecting the prisoner to a  
18 substantial risk of serious harm. *Farmer v. Brennan*, 511 U.S. 825, 834 (1994). Deliberate  
19 indifference is shown when prison officials consciously disregard an excessive risk of harm to an  
20 inmate’s health or safety. *Id.* at 838–40. It is “obduracy and wantonness, not inadvertence or  
21 error in good faith, that characterize the conduct prohibited by the Cruel and Unusual  
22 Punishment Clause, whether that conduct occurs in connection with establishing conditions of  
23 confinement, supplying medical needs, or restoring official control over a tumultuous cellblock.”  
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1 *Wilson v. Seiter*, 501 U.S. 294, 299 (1991). The plaintiff must show a chosen course of treatment  
 2 was medically unacceptable under the circumstances, and must show the course of treatment was  
 3 chosen in conscious disregard of an excessive risk to the plaintiff's health. *Jackson v. McIntosh*,  
 4 90 F.3d 330, 332 (9th Cir. 1996).

5 Here, the record contends hundreds of pages of medical records indicating Plaintiff has  
 6 been treated for his medical conditions. *See e.g.* Dkt. 99, 190, 215. Plaintiff, however, has not  
 7 shown the treatment he has received is medically unacceptable. Specifically, medical records  
 8 show the requested ERCP is merely a treatment option for Plaintiff, and is not medically  
 9 necessary. *See* Dkt. 99, pp. 31-32, 58. In a 2011 medical opinion, Dr. Theodore W. Bohlman,  
 10 M.D., opined that he "would consider ERCP if [Plaintiff] continues to show evidence of  
 11 Common Bile Duct Dilation[.]" *Id.* at 32. On March 31, 2016, Dr. Diego Lopez de Castilla, M.D.  
 12 determined the DOC medical staff should continue to observe Plaintiff's symptoms, rather than  
 13 refer Plaintiff for an ERCP. *Id.* at p. 58. An August 23, 2018 grievance response shows  
 14 Plaintiff's most recent ultrasound showed Plaintiff's biliary duct dilation was within a normal  
 15 range and an ERCP was "not medically necessary or indicated" at that time. Dkt. 214-1, p. 10;  
 16 *see also* Dkt. 190-1, pp. 19, 21, 35; *see also* Dkt. 58, Kroha Dec., ¶¶ 13-14; Dkt. 99, p. 55.  
 17 Based on the record, Plaintiff has not shown the failure to conduct an ERCP is medically  
 18 unacceptable in this case.

19 Furthermore, Plaintiff submitted medical records showing he has been prescribed  
 20 different types of pain medication beginning in 2006. *See* Dkt. 190-3, pp. 29, 40-44; Dkt. 99, p.  
 21 47. Evidence shows Plaintiff complains of adverse side effects to pain medications, declining all  
 22 pain medication except narcotic pain medication. *See* Dkt. 190-3, pp. 14, 25, 37-38; Dkt. 58,  
 23 Kroha Dec., ¶ 11. Defendant Edith Kroha, an advanced registered nurse practitioner, testified  
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1 Plaintiff does not appear to be in extreme pain and Defendant Kroha has not seen objective signs  
2 indicating chronic narcotics are necessary. Dkt. 58, Kroha Dec., ¶ 11. Defendant Kroha stated  
3 opioid medication would not typically be used to treat Plaintiff's conditions. *Id.* The DOC Care  
4 Review Committee also determined chronic narcotic pain medication was not medically  
5 necessary for Plaintiff. *See id.* at p. 30. In a medical record dated July 3, 2018, Phu Ngo, a  
6 physician's assistant, noted he explained to Plaintiff that his high opioid risk was escalated  
7 "based on personal history of [a]lcohol, drug, and prescription drug problem as reported in the  
8 Offender Needs Assessment." Dkt. 190-2, p. 12. Furthermore, Dr. Bohlman opined that "one  
9 must be cautious in management of [Plaintiff's] pain as potent narcotics may contribute to  
10 hepatic encephalopathy as an undesirable side effect." Dkt. 99, p. 31. As such, Plaintiff has not  
11 shown he has received medically unacceptable treatment for his pain.

12 The Court also notes Plaintiff has submitted medical records showing DOC medical  
13 providers prescribed Plaintiff oxycodone, a narcotic pain medication, beginning on October 16,  
14 2018 for acute pain. Dkt. 215-1, p. 21. Evidence shows Plaintiff received an oxycodone  
15 prescription as recently as December 24, 2018. *Id.* at p. 14. As Plaintiff has submitted evidence  
16 showing he is being provided with pain management treatment, the Court finds Plaintiff's  
17 request that the Court order Defendants to resume pain management is moot. *See Friends of The*  
18 *Earth, Inc. v. Bergland*, 576 F.2d 1377, 1379 (9th Cir. 1978) ("Where the activities sought to be  
19 enjoined have already occurred, . . . the action is moot."); *Shabazz v. Giurbino*, 2017 WL  
20 2671082, \*12 (E.D. Cal. June 21, 2017) (finding injunctive relief moot where, under the current  
21 prison regulations, the plaintiff had received a satisfactory form of the relief he requested).

22 Based on the above evidence, Plaintiff has shown he is receiving treatment for his  
23 medical conditions. He disagrees with the treatment and requests specific diagnostic testing and  
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1 specific pain management treatment. However, this is insufficient to show Defendants have acted  
2 with deliberate indifference to Plaintiff's serious medical needs regarding Plaintiff's request for  
3 ERCP testing and the resumption of pain management. Therefore, Plaintiff fails to meet the first  
4 prong of the preliminary injunction standard. *See Toguchi v. Chung*, 391 F.3d 1051, 1058 (9th  
5 Cir. 2004) (mere differences of opinion between a prisoner and prison medical staff or between  
6 medical professionals regarding the proper course of treatment does not give rise to a § 1983  
7 claim); *Witherspoon v. Warner*, 2013 WL 3733495, at \* 3 (E.D. Wash. July 15, 2013) (finding  
8 the plaintiff failed to show he was likely to succeed on the merits where the record showed the  
9 plaintiff had been receiving treatment, medical professionals found surgery was not medically  
10 necessary, and opioid medication had been denied as not medically necessary because of the  
11 plaintiff's high risk of opioid dependence).

12 Second, Plaintiff has not shown he will suffer irreparable harm if a temporary injunction  
13 is not issued. To obtain injunctive relief, "a plaintiff must show that he is under threat of  
14 suffering 'injury in fact' that is concrete and particularized; the threat must be actual and  
15 imminent, not conjectural or hypothetical; it must be fairly traceable to the challenged action of  
16 the defendant; and it must be likely that a favorable judicial decision will prevent or redress the  
17 injury." *Summers v. Earth Island Inst.*, 555 U.S. 488, 493 (2009). "Speculative injury does not  
18 constitute irreparable injury sufficient to warrant granting preliminary relief. A plaintiff must do  
19 more than merely allege imminent harm sufficient to establish standing; a plaintiff must  
20 *demonstrate* immediate threatened injury as a prerequisite to preliminary injunctive relief."  
21 *Caribbean Marine Servs. Co. v. Baldrige*, 844 F.2d 668, 674 (9th Cir. 1988) (internal citation  
22 and other cited sources omitted; emphasis in original).

Here, Plaintiff presents no medical evidence showing extreme or serious damage will result if he is not provided with an ECRP or different pain management treatment. *See* Dkt. 58, Kroha Dec., ¶¶ 13-14; Dkt. 99, p. 55; Dkt. 190-1, pp. 19, 21, 35; Dkt. 190-3, p. 31; Dkt. 214-1, p. 10. For example, he has not shown the requested relief is medically necessary. Therefore, Plaintiff fails to demonstrate an immediate threatened injury sufficient meet the second prong of the preliminary injunction standard. *See Witherspoon*, 2013 WL 3733495 at \*3.

As Plaintiff has not shown he is likely to succeed on the merits or will suffer irreparable harm if the Court declines to order Defendants to provide Plaintiff with an ECRP and resume pain management treatment, he has not shown a preliminary injunction is warranted at this time. *See Ctr. for Food Safety v. Vilsack*, 636 F.3d 1166, 1174 (9th Cir. 2011) (finding the court need not address the remaining elements of the preliminary injunction standard after determining the plaintiff had not shown he was likely to suffer irreparable harm in the absence of preliminary relief).

### **III. Conclusion**

As Plaintiff failed to show he is likely to succeed on the merits or suffer irreparable harm, he has not shown he is entitled to preliminary injunctive relief. Accordingly, the Court recommends the Motion (Dkt. 99) be denied without prejudice.

The Court has considered the current record and finds it is sufficient to rule on the Motion. Therefore, Plaintiff's Motion Requesting to File Supplemental Filings Updating Plaintiff's Preliminary Injunction with New Facts Showing Deteriorating Physical and Psychological Condition (Dkt. 214) is denied.

Pursuant to 28 U.S.C. § 636(b)(1) and Rule 72(b) of the Federal Rules of Civil Procedure, the parties shall have fourteen (14) days from service of this Report to file written objections. *See*

1 also Fed. R. Civ. P. 6. Failure to file objections will result in a waiver of those objections for  
2 purposes of appeal. *Thomas v Arn*, 474 U.S. 140 (1985). Accommodating the time limit imposed  
3 by Rule 72(b), the Clerk is directed to set the matter for consideration on March 15, 2019 as noted  
4 in the caption.

5 Dated this 22nd day of February, 2019.

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8 David W. Christel  
9 United States Magistrate Judge  
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